

# Q' Straint

## SPECIAL NEEDS AIDE OF THE YEAR - 2006

NOMINATED AID'S FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

SCHOOL DISTRICT OR COMPANY: \_\_\_\_\_

BACKGROUND INFORMATION: (Total years of experience, total years employed as a special needs school bus aide and any other related information).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FACTS AND SPECIFIC ACHIEVEMENTS: (Provide any information that will show why the nominee is deserving of the award. Additional pages may be used and attachments may be included to reinforce the nomination.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LETTER OF NOMINATION SHOULD BE SIGNED BY THE PERSON OR PERSONS IN CHARGE OF TRANSPORTATION:

Signed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position: \_\_\_\_\_

THE DISTRICT SUPERINTENDENT OR HIGHEST LEVEL OF ADMINISTRATION IN THE DISTRICT OR COMPANY SHOULD SIGN THIS FORM.

Signed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position: \_\_\_\_\_

Return to:  
Betty Kunkel  
Cascade County Superintendents Office  
325 2<sup>nd</sup> Avenue North, Courthouse Annex  
Great Falls, Montana 59401